

CSSSA Film/Video Application—2015

POSTMARK DEADLINE: February 28, 2015

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ONLY.

1. FILM/VIDEOAPPLICATION PORTFOLIO

(If you wish to apply to more than ONE department, you must print and complete the application for that department and submit in a separate envelope.)

Film/Video Portfolio Required Format:

() USB Flash Drive

only accepted file types:

.avi, .mov, or .mp4

(please save all electronic files to one media type)

2. STUDENT INFORMATION

Student Legal First Name: _____ Middle Initial: _____

Legal Last Name: _____

Home Address (mailing): _____

City: _____

State: _____ Zip: _____ California County: _____

Country: _____

Email address: _____

Date of Birth (use numbers): ____/____/____.

Age: _____

Gender: () male () female

Grade Level to be completed as of June 2015: _____

Home Phone: (____) ____-____

Student Cell Phone: (____) ____-____

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3. PARENT/GUARDIAN INFORMATION

Parent/Guardian First Name: _____

Last Name: _____

Home Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Parent/Guardian Cell Phone: (____) _____ - _____

Email address: _____

4. SCHOOL INFORMATION

Current School: _____

Phone: (____) _____ - _____

Street Address: _____

City: _____

State: _____ Zip: _____

California County: _____

5. ATTENDANCE VERIFICATION

To verify your attendance at a California secondary school, please submit either a current unofficial transcript of your academic record, or have your teacher or counselor complete the Attendance Verification form (page 9).

6. RECOMMENDATION INFORMATION

Please identify two people who will complete the Recommendation Forms on your behalf. These people should be school teachers, private instructors, or arts professionals in your chosen subject area. Recommendations may be submitted on school stationery if the recommender prefers that, but they **MUST** be enclosed with this application.

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FIRST RECOMMENDATION:

Name: _____

Position: _____

School (if applicable): _____

School Street Address: _____

City/County: _____

State: _____ Zip: _____ Country (if outside of US): _____

SECOND RECOMMENDATION:

Name: _____

Position: _____

School (if applicable): _____

School Street Address: _____

City/County: _____

State: _____ Zip: _____ Country (if outside of US): _____

7. WHERE DID YOU LEARN ABOUT California State Summer School for the Arts?

☐ Friend ☐ Family ☐ Internet ☐ Poster ☐ Teacher ☐ School Administration

☐ Local Arts Organization ☐ Other (Specify): _____

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9. DO YOU REQUIRE ANY SPECIAL SERVICES FOR REASON OF A DISABILITY?

Physical:

☐ None

Legally blind/visually impaired

☐ Mobility impairment (including orthopedic)

☐ Other impairment (please specify): _____

Communication:

None

☐ Speech impairment

☐ Hearing impairment

☐ Learning disability

Please describe:

10. ETHNIC INFORMATION This question is voluntary. The California State Summer School for the Arts collects this information to conform to new guidelines from the Federal government. This information will not affect any student's application for admission.

Check one:

Decline to state

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African-American

☐ Hispanic

☐ Native Hawaiian or other Pacific Islander

☐ White

☐ Other _____

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11. EDUCATIONAL INFORMATION

How many years have you studied your primary art form?

(1) In your school: _____

(2) Private study: _____

Please describe your education plans beyond high school:

If you attended CSSSA previously, please check the year(s) and indicate department(s):

() 2011 () 2012 () 2013 () 2014 Department(s):

12. FILING INSTRUCTIONS

Mail all forms, the assignments for your department, and the application fee postmarked on or before February 28, 2015 to the Department you are applying to at:

California State Summer School for the Arts

ATTENTION: Film/Video Department

P.O. Box 1077

Sacramento, CA 95812-1077

- You MUST write the Department you are applying to on the outside of the envelope.
- A non-refundable \$20 APPLICATION FEE is required:

() CHECK or MONEY ORDER made payable to "CSSSA"

() VISA () MasterCard

Card # _____ Expires Mo. _____ Yr. _____

Three digit security number found on back of card: _____

Contact: (916) 229-5160 / (916) 229-5170 (fax) / www.application@csssa.org

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California State Summer School for the Arts 2015 Program
RECOMMENDATION FORM
POSTMARK DEADLINE: February 28, 2015

To the Student: **YOU NEED TO PRINT AND SUBMIT TWO OF THESE FORMS!**

Two individual adults need to fill out a recommendation form for you. Please make sure that your two recommendations and all other parts of your application, including the Required Assignments, are submitted in the same envelope postmarked on or before February 28, 2015. Your application cannot be completely processed until ALL REQUIRED FORMS AND RECOMMENDATIONS are received. Teachers may submit written recommendations on school stationery, if they prefer.

1. STUDENT INFORMATION

Students please fill in the student information portion of this form before providing it to the individual who will be recommending you.

Student Name: _____

2. RECOMMENDING ADULT: (Teacher, private instructor or other recommending adult).

Name of recommending individual:

Recommender's School Street Address:

City: _____

State: _____ Zip: _____

Email Address: _____

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Recommender's Phone: (____) _____ - _____

Subject Taught: _____

How many years have you known this student and in what capacity:

Indicate below your evaluation of the applicant:

1. Interest in chosen area:

☐ Below Average ☐ Average ☐ Above Average ☐ Superior

2. Ability in chosen area:

☐ Below Average ☐ Average ☐ Above Average ☐ Superior

3. Character:

☐ Below Average ☐ Average ☐ Above Average ☐ Superior

4. Cooperation:

☐ Below Average ☐ Average ☐ Above Average ☐ Superior

5. Emotional Maturity:

☐ Below Average ☐ Average ☐ Above Average ☐ Superior

6. Personal Initiative:

☐ Below Average ☐ Average ☐ Above Average ☐ Superior

Please attach any additional comments.

Signature: _____ Date: _____

3. Return completed form to student (May be sealed for confidentiality) or mail directly to

CSSSA at:

California State Summer School for the Arts
ATTENTION: Letter of Recommendation
P.O. Box 1077
Sacramento, CA 95812-1077

Contact: (916) 229-5160 / (916) 229-5170 (fax) / www.application@csssa.org

This form should be completed by a parent/guardian. You will need information from your filed 2012 or 2013 income taxes (whichever is most recently filed).

Submit only if you wish to be considered for CSSSA financial assistance. Requesting financial assistance will not affect the outcome of your child's CSSSA application. Financial assistance is restricted to California students only.

POSTMARK DEADLINE: February 28TH.

STUDENT INFORMATION

First Name	Last Name
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PARENT/GUARDIAN INFORMATION

First Name	Last Name		
Mailing Address	City	State	Zip Code
Phone	E-mail	Are you the:	
		<input type="checkbox"/> Parent <input type="checkbox"/> Guardian	

PARENTS ADJUSTED GROSS INCOME (AGI)

Forms: 1040 - Line 37; 1040A - Line 21; 1040EZ - Line 4

Earned by Father/Guardian \$

Earned by Mother/Guardian \$

ANNUAL SOCIAL SECURITY OR DISABILITY BENEFITS

Report benefits received by the entire family. Omit educational benefits. Do not report money included in AGI above. . .

NON-TAXABLE INCOME.

Include any:

- Untaxed unemployment compensation
- Interest and dividend exclusions
- Military, or clergy housing allowances
- Untaxed portion of capital gains
- Income from untaxed municipal bonds
- Child support
- Non-taxable retirement payouts
- Non-educational veterans' benefits

TOTAL \$

Size of Household

Include parents, all dependent children, and other dependents who you claim.

Number of dependents who will be full-time college students in the fall

Un-Reimbursed Medical Expenses

Only report if your amount of un-reimbursed expenses is greater than 7.5% of your AGI above. \$

In order to complete this financial aid application you must submit:

1. A copy of your filed 2012 or 2013 Federal tax forms, please do not include schedules and black out all Social Security Numbers. If you will not file tax forms, please provide appropriate income documentation.
2. A brief paragraph written by parent/guardian describing any extenuating financial circumstances.
3. Documentation verifying Social Security benefits, if applicable.
4. Documentation verifying un-reimbursed medical expenses, if applicable.

I certify that the information reported on this form is accurate to the best of my knowledge.

Parent/Guardian Signature

Date

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California State Summer School for the Arts 2015 Program
ATTENDANCE VERIFICATION FORM

POSTMARK DEADLINE: February 28, 2015, with completed application

To the Student: YOU NEED TO PRINT AND SUBMIT THIS FORM, or a transcript.

- A teacher or counselor from your high school must fill out this form for you.
- Please make sure that this form and all other parts of the application are submitted without delay. Your application cannot be completely processed until ALL required forms are received by the California State Summer School for the Arts.

ATTENDANCE VERIFICATION: To verify your attendance at a secondary school, please submit either a current transcript of your academic record, or have your teacher or counselor complete the following certification:

I certify that _____ (student)

submitting this application is a bona fide student at:

_____ school.

Teacher/Counselor Name: _____

Position: _____

Signature: _____ Date: _____

Mail* this form along with your application and materials by February 28, 2015 to:

California State Summer School for the Arts
ATTENTION: Film/Video Department
P.O. Box 1077
Sacramento, CA 95812-1077

* You MUST write the name of the Department to which you are applying to on the outside of the envelope.

Contact: (916) 229-5160 / (916) 229-5170 (fax) / www.application@csssa.org

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Applicants to the Film and Video Program must submit completed application and teacher recommendation forms and **THE REQUIRED ASSIGNMENTS, A through C (must be printed and sent with audition materials), and either Assignment D or Alternative Assignment E:**

- A. Describe in 150 words or more the role you want filmmaking to play in your life, as well as your beliefs on what filmmakers have to offer to our culture at large.
- B. Describe a film that inspired you, in 150 words or more. Discuss the theme and directorial authorship. What is the film saying about the world? Why is this film special to you? Avoid discussing your personal likes and dislikes. Instead, describe the work's content, what it is saying, and how this was achieved.
- C. In 100 words or more, discuss the director who you find inspiring and what about his/her work you find interesting.
- D. Submit only one film or video piece that you have created, with a maximum running time of ten minutes. Music videos, group projects, and PSA's are **strongly discouraged!** The screening committee will be equipped to view **ONLY USB flash drives.**

*ACCEPTABLE file formats for video submission: .avi, .mov or .mp4. Please do not include files in a format that is native to the program you are using to edit video (if applicable). Auditions submitted on any format other than those outlined above will **NOT** be reviewed.*

You must include the following items in addition to the film or video:

- A description of your project -- two sentences maximum.
- A short statement that describes your work. What was your intent?
- What was your project's budget, equipment used and what resources at your disposal?
- A description of your artistic practice, or your role in the project, (e.g., writer, director, cinematographer or editor)

REQUIRED INFORMATION ON ALL USB flash drives:

Your work will NOT be reviewed unless it is clearly labeled with (1) your name, (2) the title and running time, and (3) what you did on the piece; e.g., writer, camera operator, editor, or director.

- E. **ALTERNATIVE ASSIGNMENT:** If you cannot submit a movie, you may

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instead tell a short story in ten shots or less. The written element of this proposal should include a paragraph-long description of the piece and why you want to make it. Why is the film important to you? What are you trying to say about the world with this work? It is preferred the images are photos or printed pictures.

VERY IMPORTANT: The budget for your proposed video may not exceed \$250.00 (two hundred and fifty dollars), and you must provide a short description of how and where you plan to use that money. Do not include any expenses for camera and related equipment or tape stock for purposes of this assignment. Keep in mind that this assignment is meant to give the faculty an idea of who you are as a filmmaker and what you might be capable of making while at CSSSA. You should demonstrate ability and creative practicality in visualizing your video. Note: If you choose this assignment, you must include additional elements that will help the faculty understand and evaluate your proposal. These may include two-dimensional art works, location photos, or short character studies.

RETURNING STUDENTS ONLY:

Previous attendees must submit original work completed after the summer session, which reflects your growth as a film or video artist. In addition you must submit a brief statement of your specific learning objectives and reasons for wanting to return to the school. If you previously attended CSSSA in an artistic discipline other than Film/Video, you must submit a recommendation from a CSSSA instructor in that department.

FOR ALL STUDENTS, PLEASE NOTE:

- Send us your film with your name clearly printed on the USB flash drive. We do NOT assume responsibility for the loss or damage of submissions. **APPLICATION MATERIALS WILL NOT BE RETURNED, SO DO NOT SEND MASTER COPIES OF YOUR WORK.**
- Send your application and assignments to:

California State Summer School for the Arts
Attn.: Film/Video Department
P.O. Box 1077
Sacramento, CA 95812-1077